MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0905

Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Queen Anne's County
City or town: Near Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's Co
City or town: Near Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Saunder Bennett

3. (b) Social Security Number: NONE

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Sarah L. Cooper
6(c) If alive, give age: deceased years
7. Birth date of deceased (mo., day, yr.): March 17th 1863
8. AGE: Years: 76 Months: 9 Days: 24 If less than one day: hrs. min.
9. Birthplace: Delaware City, Delaware (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: John R. Bennett
FATHER 13. Birthplace: Delaware City, Delaware
MOTHER 14. Maiden name: Hattie Saunder
MOTHER 15. Birthplace: Delaware
16. Informant: Morgan Bennett
Address: Chestertown R R No 4
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 10 1940 (month) (day) (year)
Cemetery or crematory: Chester Cemetery
Location: Chestertown, Maryland
18. Funeral director: Ralph H. Hailton Esq.
Address: Chestertown, Md.
19. Jan. 9 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8th 1940, at 12 M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to Jan 8 1940, and that I last saw him alive on Jan. 8 1940.

Immediate cause of death	DURATION
Pernicious Anemia	6 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frank M. Smith M. D. or other
Address: Chestertown Md. Date signed: Jan 9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0906

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (77)

County Queen Anne's — Registration Dist. No. 252

Village or City Centreville — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. — How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Anna Louisa Boyer — If U. S. Veteran, specify WAR —

(a) Residence: No. Centreville — St., — Ward. — S. S. number—None

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): June 1851

7. AGE: Years 88 | Months 7 | Days — | If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: "

10. Date deceased last worked at this occupation (month end year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Port Chester N York State

FATHER

13. NAME: Edward Farmer Boyer

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Elizabeth Ewell

16. BIRTHPLACE (city or town) (State or country): Stratford Conn

17. INFORMANT (Address): Mrs. Jessie Boyer Centreville, Md

18. BURIAL, CREMATION, REMOVAL Place: Centreville Date: Jan 24, 1940

19. UNDERTAKER (Address): Burton Bros Centreville Md

20. FILED Jan. 23, 1940 Mamie E. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from — 19—, to —, 19—

I last saw h— alive on Jan. 21, 1940; death is said to have occurred on the date stated above, at 5:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebro Hemorrhage

Date of onset

Other Contributory Causes of importance: Arterio-Sclerosis

Name of operation — Date of —

What test confirmed diegnosis? — Wes there an au'opsy?

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury —

Neture of injury —

24. Wes diseese or injury In any way related to occupation of deceased? —

If so, specify —

(Signed) W. S. W. Thomas M. D.

(Address) Centreville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 6 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0907

CERTIFICATE OF DEATH

(102)

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne

City or town Stevensville - Rural -
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital~~, or ~~institution~~: Stevensville

Stay in hospital or inst. (yrs., or mos., or days) -

Stay in this community (yrs., or mos., or days) 7 yrs -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Jan 10/40 County Queen Anne

City or town Stevensville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Virginia Clough.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) ~~Single~~, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ George W. Clough

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov - 3 - 1878

8. AGE: Years 61 | Months 2 | Days 6 | If less than one day ___ hrs. ___ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business -

FATHER
12. Name William Holtzman
13. Birthplace Virginia

MOTHER
14. Maiden name Miss Maxwell
15. Birthplace Virginia

16. Informant George W. Clough
Address Stevensville, Md

17. Burial
(Burial, ~~cremation, or removal, Which~~?)
Date thereof Jan 11-40 (month) (day) (year)

Cemetery or ~~crematory~~ Kingsley Chapel

Location Chester, Maryland

18. Funeral director Barton Bros
Address Centreville, Md.

19. Jan 10 1940 (Date rec'd by registrar) F. C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 9 1940, at 1 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 8 1940, to Jany 9 1940, and that I last saw her alive on Jany 9 1940.

Immediate cause of death

Hemoptysis; not due to tuberculosis, but due to the hypertension. C.W.S.R.

~~Due to~~

~~Due to~~ Deceased only consented to have a physician the day before she died.

Other conditions Hypertension; duration: several weeks.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Chas. E. Temple M. D. or other

Address Stevensville Md Date signed 1/10/40

RECEIVED
FEB 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0908

1. PLACE OF DEATH (92-d)

County Queen Anne Registration Dist. No. 252

Village or City Burrisville No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Fannie Conyer If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. S. S. number — None

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Conyer

6. DATE OF BIRTH (month, day, and year): about 85 yrs.

7. AGE: Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation: about 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Centreville Maryland

FATHER

13. NAME: Perry Blake

14. BIRTHPLACE (city or town) (State or country): Kent County Md.

MOTHER

15. MAIDEN NAME: Fannie Limber

16. BIRTHPLACE (city or town) (State or country): Kent County Md.

17. INFORMANT (Address): Thomas Blake, nephew Centreville, Md., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place: Centreville Date: Jan. 29, 1940

19. UNDERTAKER (Address): Annie W. Eddins Centreville, Md.

20. FILED: Jan. 27, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1940, to Jan. 26, 1940

I last saw her alive on 1-23, 1940; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Vacuum Disease of the heart.

Date of onset

Other Contributory Causes of Importance:

Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) H. F. McPherson M. D.

(Address) Centreville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(M) (T) (I) (B)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 3 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0909

(108)

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Nr Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 76 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Thomas Jefferson Embert

3. (b) Social Security Number: None.

4. Sex: Male
5. Color or race: White
6. (a) If single, married, widowed, or divorced: Single ✓
6 (b) Name of husband or wife: ✓
6(c) If alive, give age: ✓ years
7. Birth date of deceased (mo., day, yr.): Aug 4 - 1863
8. AGE: Years: 76 Months: 5 Days: 8 If less than one day: hrs. min.
9. Birthplace: Nr Bridgetown Md (Town, county, and state)
10. Usual occupation: Carpenter + Farming
11. Industry or business: Tilling the Soil
FATHER 12. Name: Wm Henry Embert
13. Birthplace: Q.A. Co - Md
MOTHER 14. Maiden name: Martha Ellen Richardson
15. Birthplace: Q.A. Co - Md
16. Informant: William H. Cook
Address: Centreville, Md
17. Burial (Burial, cremation, or removal. Which?): Date thereof Jan 14 - 40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md.
18. Funeral director: Barton Bros.
Address: Centreville, Md
19. Jan. 13 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 12 1940, at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11 1940, to Jan 12 1940, and that I last saw h- alive on Jan 12 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 2 days
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed 1/13-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

0910

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

1. PLACE OF DEATH:

County Queen Anne

City or town Centreville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County [redacted]

City or town [redacted] - Baltimore

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1412 S. Charles St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Ellen Haddaway

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Thomas Jefferson Haddaway

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 23 - 1865

8. AGE: Years	Months	Days	If less than one day
74	9	27	____ hrs. ____ min.

9. Birthplace Near Salem Queen Anne Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George R. Hollingsworth

13. Birthplace Queen Anne Co. Md

MOTHER 14. Maiden name Eleanor Burch

15. Birthplace Q.A. Co.

16. Informant Frank Haddaway

Address Queenstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 21-40 (month) (day) (year)

Cemetery or crematory Centerfield

Location Centreville, Md

18. Funeral director Barton Bros

Address Centreville, Md.

19. Jan. 21 1940 (Date rec'd by registrar) Helen M. Aldridge For Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 8:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 1939 to January 19 1940, and that I last saw h[illegible] alive on January 19 1940.

Immediate cause of death Hemiplegia

DURATION

Due to Cerebral hemorrhage; three different attacks, covering a period of five years.

Due to [illegible]

Other conditions Hypertension

(Includo pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E Temple M. D. or other

Address Stevensville Date signed 1/20/40

JAN 27 1940

0911

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne

City or town Grasonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Grasonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Hampton

3. (b) Social Security Number None

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 15 - 1862

8. AGE: Years 77 Months 1 Days 3 If less than one day hrs. min.

9. Birthplace Mt Queenstown, Q.A. Co. Md

(Town, county, and state)

10. Usual occupation Caretaker & Gardener

11. Industry or business

FATHER 12. Name Samuel Hampton

13. Birthplace Mt. Queenstown, Q.A. Co. Md

MOTHER 14. Maiden name Annie Haddaway

15. Birthplace Kent Co., Md

16. Informant James B. Hess

Address Grasonsville, Md

17. Burial Date thereof Jan 22, 40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peter's

Location Queenstown, Md

18. Funeral director Barton Bros

Address Centreville, Md.

19. Jan. 22 1940 Helen M. Aldridge Soc. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 18 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 16 1940, to Jany 18 1940, and that I last saw him alive on 19

Immediate cause of death Arterio Sclerosis

Due to

Due to

Other conditions hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E Snyder M. D. or other

Address Grasonsville Date signed 1/18/40

MARGIN RESERVED FOR BINDING

VS A15

(I) PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

0912

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:
County: Queen Annes
City or town: near Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Q. A. Co. Md.
City or town: near Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Julian Hawkins Jr

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife: None
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 30 - 1940

8. AGE:

Years	Months	Days	If less than one day
		1	hrs. min.

9. Birthplace: near Centreville - Q. A. Co. Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Julian Hawkins
13. Birthplace: Md.

MOTHER
14. Maiden name: Gladys Gould
15. Birthplace: Md.

16. Informant: Tom Gould Jr. (Uncle)
Address: Centreville R. F. D.

17. (Burial, cremation, or removal. Which?) Burial — Date thereof (month) (day) (year) Feb 1 1940

Cemetery or crematory: Gouldtown

Location: Q. A. Co.

18. Funeral director: Thomas Gould Jr.

Address: Centreville R. F. D.

19. (Date rec'd by registrar) Feb. 1 1940 — Mamie E. Bright, Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 - 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 1940, to Jan 31 - 1940, and that I last saw h in alive on Jan 30 - 1940

Immediate cause of death: Congenital heart weakness — Suddenly

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W. Henry Fisher, M. D. or other

Address: Centreville Md. — Date signed 2-1-40

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0913

1. PLACE OF DEATH

County: Q. A. (108) Registration Dist. No. 255

Village or City: Mt Crupton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME James Edward Hensley

(a) Residence: No. NR Crumpton St., Ward. Social Security # 212-18-6510

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Hensley (63)

6. DATE OF BIRTH (month, day, and year): Aug (?) 1878

7. AGE: Years 62 | Months 5 | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Queen Anne's Co. Md

FATHER

13. NAME: Perry Hensley

14. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

MOTHER

15. MAIDEN NAME: Jane Davis

16. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

17. INFORMANT (Address): Emma Hensley Crumpton, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Pondtown Date: Jan 28, 1940

19. UNDERTAKER (Address): Ralph H Hamilton Inc J Willis Wells Chestertown Md

20. FILED: Jan 28, 1940 F M Steele Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 1 (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1940, to Jan 24, 1940

I last saw him alive on Jan 23, 1940; death is said to have occurred on the date stated above, at 9.25 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Double Lobar Pneumonia	1/18/40

Other Contributory Causes of importance: Asthenia

Name of operation: — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) C H Whitcliffe M. D.

(Address) Sudlersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T) (I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0914

1. PLACE OF DEATH (46 g)

County Queen Ann Registration Dist. No. 252

Village or City Centreville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hollis If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. S. S. number - None

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Peter Hollis

6. DATE OF BIRTH (month, day, and year) February 30, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Sept 17 1939

11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) (State or country) Queen Ann Co.

FATHER

13. NAME Henry Kelly

14. BIRTHPLACE (city or town) (State or country) Queen Ann Co

MOTHER

15. MAIDEN NAME Susie Kelly

16. BIRTHPLACE (city or town) (State or country) Queen Ann Co

17. INFORMANT Elizabeth Scott (Address) Centreville

18. BURIAL, CREMATION, OR REMOVAL

Place Bramhall Md Date Jan 12th, 1940

19. UNDERTAKER Annie W. Eddis (Address) Centreville Md

20. FILED Jan. 10, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 9 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1937, to Jan 9, 1940

I last saw her alive on Jan 9, 1940; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinomia of head of Pancreas with multiple metastatic growth	Unknown

Other Contributory Causes of importance:

Name of operation nor Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. K. Lawton M. D.

(Address) Centreville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T) (I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 5 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

CERTIFICATE OF DEATH

0915

Reg. Dist. No. 253

1. PLACE OF DEATH:
County Queen Anne's
City or town Nr Stevensville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) All her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Outside Stevensville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Eliza Hopper

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm Curtis Hopper Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4 - 1859

8. AGE:

Years	Months	Days	If less than one day
80	1	3	hrs. min.

9. Birthplace Kent Island, Md (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name James Edmund Thomas
13. Birthplace Md

MOTHER
14. Maiden name Eliza Lewis
15. Birthplace Kent Island Md.

16. Informant Mrs Grace Meekins
Address Garrison. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 9-1940 (month) (day) (year)
Cemetery or crematory Stevensville Md
Location Stevensville Md
16. Funeral director Frank C. Thomas
Address Stevensville

19. Jan 7 1940 F.C. Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1940, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4 1939, to Jan 7 1940, and that I last saw h alive on Jan 7 1940.

	DURATION
Immediate cause of death Arteriosclerosis	10 Jrs
Due to chronic interstitial nephritis	3 yrs
Due to chronic acute hepatitis	1939
Other conditions cerebral thrombosis	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Theodor Sattlemaier M. D. or other
Address Stevensville Date signed Jan 8. 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
FEB 8 1946
EAU V. S.

0916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 250

1. PLACE OF DEATH:

County: G A Co

City or town: Mt Ludlville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Martha Jane Leager

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife: Geo Leager

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 26, 1846

8. AGE:

Years	Months	Days	If less than one day
93	2	23	____ hrs. ____ min.

9. Birthplace: G A Co Md
(Town, county, and state)

10. Usual occupation: Husb Wife

11. Industry or business

FATHER
12. Name: Nathan Burton
13. Birthplace: Md

MOTHER
14. Maiden name: Matilda Meads
15. Birthplace: Md.

16. Informant: Mrs Samuel Crosby
Address: Ludlville, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 22-40 (month) (day) (year)

Cemetery or crematory: Dudley's Church Yard

Location: Near Ludlemville Md

18. Funeral director: Wm. H. Good
Address: Church Hill Md

19. 1/22 1940 (Date rec'd by registrar) G W Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 18 1940, at 1030 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 18 1940, and that I last saw her alive on Jan 16 1940.

Immediate cause of death: Cardiac Failure

Due to: Senility

Due to: Cls Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work? no

23. SIGNATURE: C H Metcalfe M. D. or other

Address: Ludlville, Md Date signed 1/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1314)

0917

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Mr Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 1
Stay in this community (yrs., or mos., or days): 57 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne's
City or town: Rural Mr Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Edward Samuel Leiby

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~wife~~ husband: Gertrude M. White
6(c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.): Apr 5 - 1877
8. AGE: Years: 63 Months: 9 Days: 25 If less than one day: hrs. min.
9. Birthplace: Sawle - Pa (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Delivery Milk Sail
FATHER 12. Name: Frank Leiby
13. Birthplace: Pa
MOTHER 14. Maiden name: Susanna Weikel
15. Birthplace: Pa
16. Informant: Mrs Gertrude Leiby
Address: Centreville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 3-40 (month) (day) (year)
Cemetery or crematory: Christ Meth
Location: Church Hill - Md
18. Funeral director: Burton Bros
Address: Centreville, Md
19. Feb. 1 1940 (Date rec'd by registrar) W. Tamis S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 1940 at 10 45 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10- 1939, to Jan 30 1940, and that I last saw h~~im~~ alive on Jan 29- 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 Hrs since 10/10-39
Due to Chronic Interstitial Nefhritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed: 1/31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0918

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (97)

County Queen Anne Registration Dist. No. 2-55

Village or City Near Crumpton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 4 ds. How long in U. S. If of foraign birth? yrs. mos. ds.

2. FULL NAME Sarah Catherine Moore If U. S. Veteran, specify WAR

(a) Residence: No. Crumpton Outside St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Sewell Moore (dec)

6. DATE OF BIRTH (month, day, and year) Oct 2. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Wife

9. Industry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc. Home

10. Date deceasad last workad at this occupation (month and year) 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Queen Anne Co Md (State or country)

FATHER

13. NAME Saml Savington

14. BIRTHPLACE (city or town) Queen Anne Co Md (State or country)

MOTHER

15. MAIDEN NAME Martha Anne Everett

16. BIRTHPLACE (city or town) Queen Anne Co. (State or country)

17. INFORMANT Hiram Moore (Address) Millington R D 1 Md.

18. BURIAL, CREMATION, OR REMOVAL Place Double Creek Date Jan 3, 1940

19. UNDERTAKER Wm H. Good (Address) Church Hill Md

20. FILED Jan 22, 1940 H M Starks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 19 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1940, to Jan 19, 1940

I last saw her alive on Jan 19, 1940; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Unknown but likely	unknown
many years.	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceasad? No

If so, specify

(Signed) H B. Simmons M. D.

(Address) Chestertown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	**Date of onset**	**The principal cause of death and related causes of importance were as follows:**	**Date of onset**
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0919

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-C

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 252

Village or City Centreville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Rozier If U. S. Veteran, specify WAR

(a) Residence: No. Centreville Md St., Ward. S. S. number - None.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Rozier

6. DATE OF BIRTH (month, day, and year): June 20-1872

7. AGE: Years 67 Months 7 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Cook.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nr Centreville Md

FATHER

13. NAME: Abraham Chamberlain

14. BIRTHPLACE (city or town) (State or country): Nr Centreville Md

MOTHER

15. MAIDEN NAME: Phillis Clayton

16. BIRTHPLACE (city or town) (State or country): Dorset Ruane

17. INFORMANT (Address): Bertha Trusty Centreville. Md

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Centreville Date Jan 24, 1940

19. UNDERTAKER (Address): Barton Bros Centreville Md.

20. FILED Jan. 23, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1940, to Jan 21, 1940

I last saw her alive on Jan 21, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day

Other Contributory Causes of importance:

Chronic Interstitial Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Henry Fisher M. D.

(Address) Centreville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0920

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 255

Village or City near Millington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhemina H. Sparks

(a) Residence: No. Millington (Out Side) Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Holden

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 (About)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Holden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Tedden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Watson Thompson

(Address) Camden Del R.F.D

18. BURIAL, CREMATION, OR REMOVAL

Place Crumpton Md. Date Jan 5, 1940

19. UNDERTAKER Wm H. Good

(Address) Church Hill Md.

20. FILED Jan 4, 1940 T. M. Leach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 2nd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1940, to Jan 2nd, 1940

I last saw h alive on Jan 2nd, 1940; death is said to have occurred on the date stated above, at 5 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other Contributory Causes of importance: Arteriosclerosis	1939

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. Ehaland M. D.

(Address) Millington

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0921

1. PLACE OF DEATH

County D.A. Registration Dist. No. 252

Village or City Ruthsburg D.A. Co. No. Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Wm Thompson If U.S. Veteran specify WAR

(a) Residence: No. D.A. Co. Home St., Ward. S. S. number None.

(Usual place of abode) Unknown If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Cpd

5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

6. DATE OF BIRTH (month, day, and year) ?

7. AGE 72 Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Loose

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wm B. Dunaway (Address) Ruthsburg

18. BURIAL, CREMATION, OR REMOVAL Place D.A.C. Home Date 1-31, 1940

19. UNDERTAKER Wm B. Dunaway (Address) Ruthsburg

20. FILED Jan 31, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) - 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1940, to Jan 30, 1940 I last saw him alive on 1-29, 1940; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. J. McThurman M. D.

(Address) Ruthsburg Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (59-F)

0922

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:
County Queen Annie's
City or town Chester Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) All her Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Annie's
City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(if rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Turpin

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William Turpin
Deceased 6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: About 78 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Acomac, Va (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER 12. Name: Unknown
13. Birthplace: " "
MOTHER 14. Maiden name: Mary Robinson
15. Birthplace: Va
16. Informant: Tilden Dunn
Address: Chester Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 22 - 1940 (month) (day) (year)
Cemetery or crematory: Chester Col. Cemetery
Location: Chester, Md
18. Funeral director: Frank C. Thomas
Address: Stevensville
19. Jan 20 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 20 1940, at 10 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 16 1939, to Jany 20 1940,
and that I last saw h alive on 19
Immediate cause of death: Arthritis deformans
Due to
Due to
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas E. Snyder M.D.
M. D. or other
Address: Stevensville Date signed: 1/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

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FEB 7 1910
BUREAU V. S.

0923

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: Queen Anne

County

City or town Mr Centreville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 65 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Queen Anne

City or town Mr Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louis Wells

3. (b) Social Security Number None.

4. Sex: Male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife Mary Wells

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feby 27 - 1876

8. AGE: Years 64 | Months | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace Mr Centreville, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Work on Farm

FATHER
12. Name Robert Wells
13. Birthplace Mr Centreville

MOTHER
14. Maiden name Kate Wells
15. Birthplace Mr Centreville

16. Informant Mary Wells

Address Centreville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 8 - '40 (month) (day) (year)

Cemetery or crematory Brownsville

Location Brownsville, Md

18. Funeral director Barton Bro

Address Centreville, Md.

19. Jan. 6 1940 (Date rec'd by registrar) Mamie S. Bright. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1940, at 10 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24 1937, to Jan 5 1937, and that I last saw h 1 m alive on Dec 24 1939.

Immediate cause of death: Tabes Dorsalis — Duration: Unknown

Due to: Syphilis — Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C R Layton MD (M. D. or other)

Address Centreville Md Date signed 1-6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.